								Application or Dockey Ser					
PATENT APPLICATION FEE DETERMINATION RECO								ORD 0 = 25 NGD					
Effective October 1, 2003										00	<u>ي ر</u>	<u>va</u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM TY		ENTITY	OF.	OTHE SMALL	R THAN ENTIT	
TOTAL CLAIMS			2					RATE	FEE	¬ ·	RATE	FEE,	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FE	ε	٦٫٫	BASIC FE	E	
TOTAL CHARGEABLE CLAIMS			2 minus 20=					XS 9=		OR	XS18=	1	
INDEPENDENT CLAIMS			2 minus 3 =		. Ø		l	X43=		7	YOC	†	
-		NDENT CLAIM F	<u> </u>				-	7402		OR		-	
							[-	145=		OR	+290≈		
• If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL		OR	TOTAL	768	
CLAIMS AS AMENDED - PART II									5.1.T.(T)			THAN ENTITY	
	(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	SMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER JUSLY	PRESENT	R	ATE	ADDI- TIONAL FEE/		RATE	TIONA:	
	Total	. 21	Minus	5	2/	=	X	S 9=		OR	X\$18=		
	Independent	. ,	Minus		1_	= /	X	43= -	17	OR	X86=	/	
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							45=	1/	OR	+290=	/ .	
							L	TOTAL	/	- · ·	TOTAL		
								T. FEE		JOR ,	ADDIT, FEE		
	·	(Column 1)		(Colum		(Column 3)			ADDI-	7 (ADDI-	
AMENDMENT B	•	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	ATE.	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	44		=	XS	9=		OR	X\$18=		
	Incependent	•	Minus `	444		=	X4	3=		OR	X86=		
,q	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							15=		OR.	+290=	•	
								OTAL	7	{. L	TOTAL		
										ION A	DDIT. FEE	<u> </u>	
	~	(Column 1)		(Colum		(Column 3)	<u> </u>	•				ADDI-	
2		REMAINING AFTER AMENDMENT	·	NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	•	Minus	***		=	X4:				X86=	·	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR			
		•					+14	5=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." AD)TAL FEE	. <u>.</u>	OR A	TOTAL DOIT. FEE		
	l than Pt L'aband bles	mber Previously Paid	W EAT IN TH	IC CDACE K	loce that	n 3. eater "3."			ropriale box				
٠. '	···· ingliest num	restrongly rate				•		• •				,	